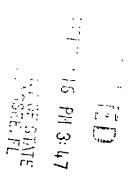


Office Use Only



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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Gulf Coast Business Group, LLC Name of Limited Liability	
	Company
DOCUMENT NUMBER: L16000011708	
The enclosed Resignation of Registered Agent for a Limited for filing.	Liability Company and fee are submitted
Please return all correspondence concerning this matter to the	ne following:
United States Corporation Agents, Inc.	
Name of Person	
Legalzoom.com, Inc.	
Name of Firm/Company	
101 North Brand Blvd. 11th Floor	
Address	
Giendale, CA 91203	
City/State and Zip Code	
raresignations@legalzoom.com	
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Name of Person at (800 Area Code	773-0888
Name of Person Area Code	Daytime Telephone Number
Enclosed is a check made payable to the Florida Departmen liability company or \$25.00 for an administratively dissolve liability company.	t of State for \$85.00 for an active limited d. voluntarily dissolved or withdrawn limited

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisio	ns of section 605.0115	. Florida Statutes, the unde	rsigned.			
United States Corporation Agents, Inc. Name of Registered Agent		_ , hereby resigns as				
						Registered Agent for G
			·			·
	Name of Limit	ted Liability Company				
L16000011708						
Document No	ımber, if known					
A copy of this resignation	on was mailed to the ab	pove listed limited liability	company at its last l	known	addres	s.
The agency is terminate	d and the office discon	tinued on the 31st day afte	r the date on which	this sta	itemen'	t is filed
	(Signature of Resigning Agent				
If signing on behalf of a	n entity:					
	Cheyenne Mosele	еу			:	
	Typ	ned or Printed Name				
	Asst. Secretary for Ur	nited States Corporation Ag	ents, Inc.	· · ·	ch	
		Capacity	:		<u> </u>] []
					PH 3: 47	Year
	FILING F \$ 85.00 \$ 25.00	EES: Active limited liability ec Administratively dissolve withdrawn limited liabili	ompany ed/voluntarily disso ty company	olved/		

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314